



**REVOCATION OF POWER OF
ATTORNEY AND
APPOINTMENT OF NEW
POWER OF ATTORNEY**

Application Number	09/903,784
Filing Date	07/13/2001
First Named Inventor	Aroon et al.
Art Unit	2826
Examiner Name	Fazli Erdem
Attorney Docket Number	JG00360

As assignee of the entire interest of the above-identified application or patent by virtue of an executed Assignment, recorded in the U.S. Patent and Trademark Office on 07/13/2001, under Reel/Frame - 011985/0927.

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number : 22917

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 22917

SIGNATURE of Assignee of Record

Name	Jonathan P. Meyer
Signature	<i>Jonathan P. Meyer</i>
Title	Senior Vice President and Director of Patents, Trademarks & Licensing
Date	6/28/05

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Intellectual Property Section
Law Department
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Telephone: (847) 576-5219
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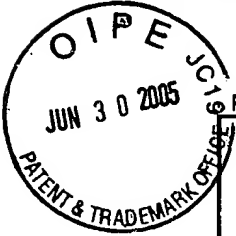
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EXAMINER:
GROUP ART UNIT:
SERIAL NO.:
FILED:
INVENTOR:

Fazil Erdem
2826
09/903,784
07/13/2001
Aroon et al.



PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

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 Filing Date 07/13/2001
 First Named Inventor Aroon et al.
 Group Art Unit 2826
 Examiner Name Fazli Erdem
 Attorney Docket Number JG00360

ENCLOSURES

(check all that apply)

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	JAMES A. LAMB	Registration No.	29,420
Signature			
Date	6/27/2005		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted at fax number (703) 872-9306 to the United States Patent and Trademark Office, Washington, DC 20231 on the date listed below:

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